



**CITY OF ALEXANDRIA**  
**RECREATION, PARKS AND CULTURAL ACTIVITIES – SPORTS SECTION**

Lee Center, 1108 Jefferson Street, Alexandria, Virginia 22314

Phone: 703.746.5402 Fax: 703.746.5585

Web Site: [www.alexandriava.gov/recreation](http://www.alexandriava.gov/recreation)

**ATHLETIC FIELD AND OUTDOOR COURT REQUEST FORM**

This Athletic Field and Outdoor Court application must be submitted to the Department of Recreation, Parks and Cultural Activities – Sports Office (Youth & Adult) **no less than fifteen (15) calendar days before the date of request use.** Completed applications should be sent to [mac.slover@alexandriava.gov](mailto:mac.slover@alexandriava.gov) or [marvin.elliott@alexandriava.gov](mailto:marvin.elliott@alexandriava.gov) by e-mail, fax or mail to the **Sports Office – c/o Athletic Field/Court Permit Request** at the above address. Alexandria City sponsored programs/activities will receive priority over non-City program/activities.

**Teams/leagues requesting the use of facilities must submit rosters, proof of liability insurance and practice/game schedules.** Failure to provide these will cause the request to be disapproved. Facility rentals will not be guaranteed until all rental fees are paid in full, proof of insurance and schedules received and facility permit issued.

- Fees will be assessed based upon request. \* Fees may include - *field rental fee, Youth Sports user fee, non-residents fee, staffing cost and field lights cost.*
- If damage that occurs to field or court during the rental period, the Organization/League/Team will be assessed further fees to cover the cost of repair.

**Applicant Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**League/Organization Name:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

**Type of Activity: Sport:** \_\_\_\_\_ **Practices** \_\_\_\_\_ **Games** \_\_\_\_\_ **Tournament** \_\_\_\_\_ **Other(Specify)** \_\_\_\_\_

**Address of Applicant:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Organization/League/ Team's Business Address:** \_\_\_\_\_  
 (Must Include City, State and Zip Code)

**Liability Insurance:** \_\_\_ Yes \_\_\_ No **If yes, Give Name of Carrier:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**Organization/League/ Team Web Site:** \_\_\_\_\_

**Organization/League/Team Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Number of teams in League/Request:** \_\_\_\_\_ **Number of Participants on Field/Court Request:** \_\_\_\_\_ **Number of Spectators** \_\_\_\_\_  
 \_\_\_\_\_ **#City of Alexandria Residents** \_\_\_\_\_ **# of Non-Alexandria Residents**

**Age Groups:** \_\_\_\_\_ **5 & under** \_\_\_\_\_ **6 -12 Years** \_\_\_\_\_ **Teens (13 – 17)** \_\_\_\_\_ **Adults (18 – 55)** \_\_\_\_\_ **Seniors (55 & over)**  
 (Check Appropriate Age Groups)

**Facility Requested: (1<sup>st</sup> Choice)** \_\_\_\_\_ **(2nd Choice)** \_\_\_\_\_

**Date(s) Requested: Start** \_\_\_\_\_ **End:** \_\_\_\_\_ **Day(s):** MON TUE WED TH FRI SAT SUN  
 (Circle Days That Apply)

**Program Time(s):** \_\_\_\_\_ **am/pm to** \_\_\_\_\_ **am/pm**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

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 \_\_\_ **Approved** \_\_\_ **Disapproved** **Total Fee Charged:** \$ \_\_\_\_\_

**Facility(s) Used:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_ **Time(s):** \_\_\_\_\_  
**Proof of Liability Insurance:** \_\_\_ Yes \_\_\_ No **Practice/Game Schedules:** \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
**Field Coordinator's Signature**

\_\_\_\_\_  
**Date**